

## The influence of grandmothers on breastfeeding of her grandchildren: beliefs and cultural practices

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## RESEARCH

## THE INFLUENCE OF GRANDMOTHERS ON BREASTFEEDING OF HER GRANDCHILDREN: BELIEFS AND CULTURAL PRACTICES

A INFLUÊNCIA DAS AVÓS NO ALEITAMENTO MATERNO DE SEUS NETOS: CRENÇAS E PRÁTICAS CULTURAIS

LA INFLUENCIA DE LAS ABUELAS EN LA LACTANCIA DE SUS NIETOS: LAS CREENCIAS Y PRÁCTICAS CULTURALES

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## ABSTRACT

**Objectives:** To understand the beliefs and practices of grandmothers regarding breastfeeding; describe the influence of grandmothers in the management of breastfeeding their daughters and / or wives. **Method:** A descriptive study with a qualitative approach. The scenario was the Rooming Maternity Hospital Gaffrée and Guinle in Rio de Janeiro. The subjects were 20 grandparents who visited his grandsons or granddaughters during hospitalization. Data collection between the months of March and May 2011. The instrument was a questionnaire filled out by the researchers. **Results:** The grandparents recognize the importance of breastfeeding and passes these values to their daughters and wives. **Conclusion:** The grandparents are fundamental in supporting women during the breastfeeding period. **Descriptors:** Breastfeeding, lactation, culture, nursing.

## RESUMO

**Objetivos:** Conhecer as crenças e as práticas das avós com relação ao aleitamento materno; descrever a influência das avós no manejo do aleitamento das suas filhas e/ou noras. **Método:** Estudo descritivo com abordagem qualitativa. O cenário foi o Alojamento Conjunto da Maternidade do Hospital Universitário Gaffrée e Guinle no Rio de Janeiro. Os sujeitos foram 20 avós que visitaram seus netos ou netas no período de internação. Coleta de dados entre os meses de março e maio de 2011. O instrumento foi um questionário preenchido pelas pesquisadoras. **Resultados:** As avós reconhecem a importância do aleitamento e passa esses valores para suas filhas e noras. **Conclusão:** As avós são peças fundamentais no apoio a mulher, durante o período de amamentação. **Descritores:** Aleitamento materno, lactação, cultura, enfermagem.

## RESUMEN

**Objetivos:** Conocer las creencias y prácticas de las abuelas con respecto a la lactancia materna; describir la influencia de las abuelas en el manejo de la lactancia materna a sus hijas y / o esposas. **Método:** Se realizó un estudio descriptivo con un enfoque cualitativo. El escenario fue el Gaffrée Maternidad alojamiento conjunto y Guinle en Río de Janeiro. Los sujetos fueron 20 los abuelos que visitaron a sus nietos o nietas durante la hospitalización. La recolección de datos entre los meses de marzo y mayo de 2011. El instrumento fue un cuestionario rellenado por los investigadores. **Resultados:** Los abuelos reconocen la importancia de la lactancia materna y pasa estos valores a sus hijas y esposas. **Conclusión:** Los abuelos son fundamentales en el apoyo a las mujeres durante el periodo de lactancia. **Descriptores:** Lactancia materna, la lactancia, la cultura, la enfermería.

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## INTRODUCTION

The object of this study is the influence of grandmothers on breastfeeding of her grandchildren. Issues related to breastfeeding have been investigated throughout history, in different social, cultural and guided by different values, beliefs and social support network. According to Ministry of Health and UNICEF, breastfeeding increases the bonding, so it is important the mother to breastfeed once the baby is born. In addition, breastfeeding helps reduce bleeding of the mother postpartum. It also serves as a natural method of family planning reduces the risk of breast and ovarian cancer, as well as economical and practical, it does not need to be purchased and comes ready at the ideal temperature for baby.<sup>1</sup>

The interest in this field of study emerged during the practical teaching nursing, rooming in, directly taking care of the mother and son and his family. In most cases, the grandparents took information at the time of the visit, many taught some practices and talked about their beliefs regarding the management with lactation may influence them in a positive or negative, regarding the initiative and persistence of breastfeeding.

The myths and beliefs associated with breastfeeding are part of everyday life for many centuries. They construct the meaning of the act of breastfeeding for women through socio-cultural heritage gained by living in this society woman - transmission of values by people around or just by observing women who are going through this same situation.<sup>2</sup>

It is understood that a woman's decision to breastfeed is linked to their way of life and the meaning it gives to this fact, and can therefore be influenced by cultural, emotional, social and economic. Several studies support the idea that support and family support, especially the father

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and maternal and paternal grandmothers, are important factors in the choice of infant feeding.<sup>3</sup> Grandmas are significant caregivers in the family. They are often caring for family members, especially their daughters and daughters-in-puerperal phase. They transmit their practices and their culture, and are often respected and valued for their expertise and experience, especially in caring for the newborn.<sup>4</sup>

Each family has a life story that is being built and perpetuated over time, forming the basis of the teachings, beliefs and values passed on to family members, which has several guidelines on the practice of breast-feeding and / or feeding child, and these are specific to each family.<sup>5</sup>

Today in Brazil, it is observed that there are many causes of early weaning, such as maternal age, socioeconomic status, education level and working conditions maternal parity, previous experience and intention to breastfeed and marital status, the role of father and others significant to the mother and changes in socio-cultural values. The poor breastfeeding technique, infrequent feedings and at predetermined times, the use of pacifiers and feeding are important risk factors that may predispose to complications of lactation leading to weaning.<sup>6-7</sup>

Therefore, we identify the importance of understanding the beliefs and practices of grandmothers, about breastfeeding and how these beliefs and practices may influence the decision, time and management of breastfeeding and hence the power of their grandchildren.

Grandmas are beings endowed with experience and influence on the family, especially their daughters and wives. In this sense, we need to hear them so you can make the guidelines with the preservation, accommodation and cultural care repatterning.<sup>8</sup>

Thus, for the development of this research as outlined goals: to know the beliefs and

practices of grandparents about your experience in breastfeeding and describe the influence of grandmothers with respect to management of breastfeeding their daughters and / or wives.

This study has significance for nursing because nursing care will discuss forward to the influences of the beliefs and practices of breastfeeding grandparents in their grandchildren, helping to promote and protect breastfeeding management with respecting beliefs and culture.

METHODOLOGY

This is a descriptive study with a qualitative approach. The scenario chosen was rooming Maternity Hospital Gaffrée and Guinle, situated in the north of the city of Rio de Janeiro. The study subjects were 20 grandparents who visited their grandchildren or grandchildren during hospitalization in rooming.

Data collection took place between March and May 2011, during the daytime, Monday to Friday. The instrument was a questionnaire filled out by the researchers, composed of two stages, the first related to the socioeconomic and cultural identity, and the second stage refers to the knowledge and practice of grandmothers on breastfeeding and nutrition influence on their grandchildren.

To ensure compliance with ethical issues, the study was approved by the Research Ethics Committee of the University Hospital Gaffrée Guinle (HUGG) with Protocol No 08/2011, considering what provides the Resolution No. 196/96 National Health - CNS / MS which establishes standards for research with animals and humans.

It is noteworthy that all subjects were informed about the rationale, aims and methodology of the study. Was assured data confidentiality, and respect the anonymity of the J. res.: fundam. care. online 2013. out./dez. 5(4):643-51

individuals involved. These, after receiving all the information relevant to the study signed a consent form - IC.

Data came through descriptive statistics and used as a basis Cultural Care Theory Madeleine Leininger. Each day, the forms were coded, reviewed and your typed data. Identification of the material collected was through numbering, whose connection to the name of the grandmother's knowledge of the researchers. The typing process occurred concurrently with data collection. The database was built using the Epi Info 2000®.

After reading and rereading the data collected was analyzed for content and built an analytical category which was about the experience of grandmothers with breastfeeding and its management and is entitled: Practices and beliefs of parents with respect to their experience with breastfeeding and influence on feeding their grandchildren.

RESULTS AND DISCUSSION

The age of the grandparents ranged from 34 to 65 years, as the education level four have the 1st elementary school, three into 1 full degree, three have 2nd degree incomplete, eight have 2nd degree complete, one has the 3rd degree and complete one has no schooling. Regarding marital status eight are married, five singles, one lives with a friend, two are divorced and four are widows. Regarding the profession, nine said it was the home and work with other general services. Regarding religion that profess, say: eleven are Catholic, eight Protestant and one spiritualist. The average number of children was 2.5.

Knowing that health is intrinsically linked to the subject's ability to exercise his care, and that, moreover, this knowledge and their practices are passed from generation to

generation over the years, we health professionals we must attend to the socio economic culture that grandmothers are inserted, it is they who most often come and help in caring for their daughters and daughters-in puerperium and basic hygiene such as dressing and feeding the umbilical stump in the first weeks of life his grandchildren.

In this sense, the grandmothers are fundamental in the process of breastfeeding, should participate effectively, contributing to the daughters and wives feel safe and confident to breastfeed. The care, support and encouragement they receive from their mothers, should be positive experiences and that will be passed in the future.

When the grandparents were questioned about the practice and their breastfeeding period, three said they breastfed exclusively in the chest, and after that period and continued breastfeeding with complementary use of other foods. Thirteen underwent breastfeeding, using tea, water, juice and milk bottles. And four not breastfed, among the reasons: nipple problems (cracks and crevices), hypogalactia and poor sucking baby.<sup>9</sup>

Women who breastfeed usually have notion of the advantages of breastfeeding and maternal diseases or refer the child and work outside the home as uncommon problems regarding the maintenance of breastfeeding. In contrast, indicate as relevant for the effectiveness of early weaning, problems related to the "lack of milk", "weak milk", breast problems and refusal to take the baby's chest.

Nowadays, it is still possible to observe the misinformation and insecurity of mothers on the benefits of breast milk. Likewise, the performance of health services is still insufficient in supporting and nurturing the family so they can solve problems related to breastfeeding satisfactory. These facts contribute to early weaning or no

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prevalence of exclusive breastfeeding in the first six months of a child's life.

The grandmothers who did not breastfeed, despite expressing feelings of sadness, yet rooted issues bring about little milk production. Almost all mothers can produce enough milk if you like and if children suck in a good position. Therefore, it is important mothers worry if the baby is doing the correct grasp or are having good suction, rather than worrying about milk production.

Regarding nipple problems, they are often correlated with the handle incorrect baby, which ends up causing cracks and fissures. Again guidance is needed, one that did are causes that can be prevented and treated, thus reducing the chances of premature weaning on account of pain.

The Ministry of Health recommends that treatment of the cracks should better position the baby in the chest and correct the "handle"; start giving the breast by breast healthy and then move on to the breast with cracks, exposing the breasts to sunlight or artificial light (40 watt lamp at a distance of 30 cm); milking manually excess milk to prevent the milk becomes "pavement". If the mother has a high fever or pain, consult the doctor.

The problems related to breastfeeding as hypogalactia and poor sucking baby may cease to exist with some measures, such as pregnant women receive guidance and encouragement during follow-up prenatal and postpartum women and their families feel welcomed in places birth. Therefore, nursing professionals need to be prepared and motivated to encourage women during pregnancy and childbirth to seek health services, encouraging you to talk about their doubts and questions, and in this way contribute to a greater number of children are exclusively breastfed in the womb.

The grandparents, subjects in this study, reported having breastfed in the period between

late 1980 and early 1990. Based on these data and taking stock of the progress of breastfeeding in Brazil at this time, we can evaluate some government incentives in favor of breastfeeding, which has been collaborating for the greater practice of breastfeeding today.

In 1981, the emergence of the National Policy for the Promotion, Protection and Support of Breastfeeding, which includes the following strategies: Breastfeeding Network Brazil, Brazilian Network of Human Milk Banks, Baby Friendly Hospital Initiative; Legal protection of breastfeeding; social mobilization; Monitoring indicators of breastfeeding.

In 1990, partnership with international organizations (UNICEF and World Health Organization - WHO), resulting in the "Declaration Innocent", which states that for optimum health and maternal and child nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to the first 4 to 6 months of life.

Besides these, there are other government measures that encourage breastfeeding as mandatory Rooming in maternity wards since 1987, which encourages greater contact between mother and baby and with it the practice of breastfeeding<sup>13</sup>, the creation of the National Reference Center of Human Milk Bank (HMB) Fiocruz (1986), which supports mothers who cannot breastfeed their children and maternity and paternity leave by the Consolidation of Labor Laws (1988).

The World Health Organization maintains that "breastfeeding is the most isolated strategy that prevents child deaths, and promoting physical, mental and psychic child and breastfeeding woman. It is recommended breastfeeding for two years or more, being unique in the first six months."

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Despite all these positive factors related to breastfeeding, no one can fail to associate breastfeeding with the will of the mother to breastfeed and the influence of several positive factors for their success. The grandmothers participating in the care of their daughters, daughters and grandchildren in the process of breastfeeding, sometimes interfering, so discourage this practice, while encouraging the use of water, tea, milk and industrialized prepared with starch, claiming that breast milk is weak and no "holds" the child. It is believed that these attitudes Grandparents are related to the historical context lived by them, expressing a culture where breastfeeding was not valued, by contrast, was discouraged.

Despite not living the experience of breastfeeding, in most cases, the grandparents often give support to their daughters and daughters-in coping with problems that may arise during the practice of breastfeeding. Therefore it is important to understand what are the myths, beliefs and taboos involved in this practice, so they can be discussed and reflected and thus decrease the intergenerational culture shock, contributing to a healthy and natural development for the act of breastfeeding.

The style that the mother takes to meet the needs of their children and socialize them, integrating them into the world of adults is the result of a process of accumulation of information that is passed from generation to generation. The transmission of knowledge varies depending on the social context, and cultural values that underlie a particular society at a particular historical moment.

This research shows that the grandparents can positively influence their daughters and daughters-in breastfeeding practices, since the majority (sixteen) nursed them, and they all said it was important mainly because breastfeeding



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"protects children", "increases immunity Baby", "help develop", "is an act of love." Moreover, they told their daughters and wives encourage breastfeeding, even those who could not breastfeed. These data demonstrate that grandmothers recognize the importance of breastfeeding and passes these values to their daughters and wives.

Regarding the practices and beliefs of grandmothers, lies some points regarding the management with breastfeeding, important to be discussed with health professionals in light of the Cultural Care. In this sense, the study was based on the Sunrise Model Theory of Cultural Care Leininger, to guide decisions and nursing actions: preserving, accommodating cultural and repadronizando care.

The preservation of cultural care refers to the actions or decisions of professional assistance, support, or facilitation skills that help people of a particular culture to retain and / or preserve relevant care values in order to maintain their well-being.

With respect to preservation, it was observed that some grandparents had habits that remain today, according to the relevant bodies, such as: use of own milk to treat the cracks; hand hygiene, increased water intake, breastfeeding on demand. According to the Ministry of Health, the chest does not require cleaning before or after feeding, bathing daily is suficiente. Furthermore, the actual milk is an excellent healing for cracks and maceration is not necessary to use any other substance for healing. It is important to hand hygiene and keep the environment where you will make breastfeeding enjoyable, to be a good time for both mother and baby. These habits should be encouraged and preserved, that increasing women's autonomy and self-esteem.

The second tab of the third level of the Sunrise Model refers to the accommodation of J. res.: fundam. care. online 2013. out./dez. 5(4):643-51

cultural care that discusses the actions or decisions of creative professional assistance, support, or facilitation skills that help people of a particular culture to negotiate with, or adapt the other, in search of health outcomes satisfactory or beneficial to engage with professional care providers.

Regarding accommodation, we found that grandmothers have some beliefs about the influence of diet on milk production, such as "eat hominy corn", "drinking beer and matte black" and in the treatment of breast engorgement and fissures, as "massaging the breasts with comb", "used banana skin for cracks in the breasts."

The food has multiple functions and uses with special symbols and their meanings in different cultures. Such knowledge is extremely important for nurses to learn and thus be able to provide nursing care culturally acceptable, consistent and beneficial.

So you can take the time to exchange experiences and to encourage trading in addition to these practices, the stimulus ingesting enough fluids, good nutrition, along with fruits and vegetables, the use of milk as a healing itself and any other questions that women can provide about the management of breastfeeding.

It is necessary to vacate the position of keeper of knowledge and care, and this does not happen from one moment to another, but is extremely necessary so that the nurse can see that every human being has their own habits, their beliefs and their values, and that these were built by his life story. These beliefs and values can neither be changed in a moment, they also were built along a personal and professional life.<sup>18</sup>

Another important factor that should be attack by nurses, is related to cultural care repatterning consisting of the actions or decisions

of professional assistance, support, or facilitation skills that help the customer to reorder, change or modify their ways of life, in search of new standards of care, different and beneficial, respecting cultural values and beliefs, and still providing healthy lifestyles and beneficial before changes are established with the client.<sup>8</sup>

It became, for this discussion of repatterning, practices that may be harmful to the health of women and children, such as "alcohol used for hygiene tits", "used ointments for fissures", "passed gentian violet for cracks"; "compress made of hot water for milk pavement." These practices can cause nipple damage, such as burns, which affects the health of women and contributes to weaning. In order to promote breastfeeding, it is recommended to not use creams, ointments, soap or soap on the nipples.

The nurse and her team need to understand that health education is a process of exchange of scientific and practical knowledge in which there are distinct educators and learners, alternate roles during the care process, but there is in this action, a process whose goal is building knowledge from this exchange and also the acquisition of knowledge built. If the nurse and his staff provide quality care, the development of the care process happen in a healthy way.

CONCLUSION

The results show that knowing the practices and beliefs of management with respect to grandparents with breastfeeding and describe their influence on feeding their grandchildren is very important, since the grandparents are key people in supporting women during the breastfeeding period . It is believed that understanding these issues, along with society, especially with women and their families, it may

assist in addressing, discussion and reflection on cultural issues that permeate the practice of breastfeeding.

When it comes to health professionals, we need to be attentive to the planning and execution of actions with a focus on education. This is to give the woman the possibility of performing the continuity of care and care for the newborn at home. Moreover, one must be mindful of family, which is often also responsible for performing such care and should be provided all relevant information for effective realization.

It is essential to respect others and appreciate their culture. However, this culture is not absolute and can be transformed according to the needs, interest and social context in which families are embedded. It is important to keep in mind that nothing should be imposed, and according to Leininger, everything should be preserved, accommodated, negotiated and if appropriate, repadronizado from mother to know.

The researchers believe that the results presented in this study do not exhaust the many possible influences on breastfeeding substantiated by cultural beliefs and practices of grandparents. This fact, however, can be a determining factor in other studies, this or another perspective, can broaden the discussion and knowledge in the area of maternal and child health.

REFERENCES

1. Ministério da Saúde (BR). Álbum seriado: promovendo o aleitamento materno. 2ª Edição. Brasília: Ministério da Saúde; 2007. 18p.
2. Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. Ciênc saúde colet; Minas Gerais 2011; 16(5): 2468-8.
3. Silva LR, Eller MEIS, Carvalho SM, Menezes IM. Dimensões sociais que interferem e/ou



Silva LR, Cruz LA, Macedo EC *et al.*

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potencializam a experiência da amamentação de mães de recém nascidos egressos de UTI Neonatal. R pesq: cuid fundam online; 2010; out/dez. 2(Ed. Supl.):732-736. [citado 30 fev 2012]. Disponível em:

[http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1426/pdf\\_587](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/1426/pdf_587). ISSN 2175-5361

4. Teixeira MA; Nitschke RG; De Gasperi P; Siedler MJ. Significado das avós sobre a prática do aleitamento materno no cotidiano familiar: a cultura do querer-poder amamentar. Texto Contexto Enferm; Florianópolis 2006; 15(1): 98-106.

5. Poli LMC, Zagonel IPS. Prática do aleitamento materno: a cultura familiar na transferência de conhecimentos. Fam Saúde Desenv; Curitiba 1999; jan-dez; 1(1-2):33-8.

6. Camarotti CM, Nakano AMS, Pereira CR, Medeiros CP, Monteiro JCS. Perfil da prática da amamentação em grupo de mães adolescentes. Acta paul enferm [online]. 2011; 24(1): 55-60. ISSN 0103-2100. [citado 30 ago 2012]. Disponível em <http://dx.doi.org/10.1590/S0103-21002011000100008>.

7. Silva LR, Arantes LAC, Villar ASE; Silva MDB, Santos IMM, Guimarães EC. Enfermagem no puerpério: detectando o conhecimento das puérperas para o autocuidado e cuidado com o recém-nascido. R pesq: cuid. fundam. online 2012; abr./jun. 4(2):2327-37. [citado 30 abr 2012]. Disponível em: [http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/dialnet.unirioja.es/servlet/fichero\\_articulo?codigo=3971627](http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/dialnet.unirioja.es/servlet/fichero_articulo?codigo=3971627). ISSN 2175-5361

8. Leininger, MM.; Mcfarland, RM. Cultural care diversity and universality: A Worldwide Nursing Theory. 2. ed. Massachusetts, 2006.

J. res.: fundam. care. online 2013. out./dez. 5(4):643-51

9. Araújo OD, Cunha AL, Lustosa RL, Ner IS, Mendonça RCM, Campelo SMA. Aleitamento materno: fatores que levam ao desmame precoce. Rev bras enferm; Brasília 2008; jul-ago; 61(4): 488-92.

10. King FS. Como ajudar as mães a amamentar / F. Savage King; Tradução de Zuleika Thomson e Orides Navarro Gordon. 4ed. Brasília Ministério da Saúde, 2001.

11. Ministério da Saúde (BR). Política Nacional de Promoção, Proteção e Apoio ao Aleitamento Materno. Brasília: Ministério da Saúde, 1981. [citado 25 abr 2011]. Disponível em: [http://portal.saude.gov.br/portal/saude/area.cfm?id\\_area=1460](http://portal.saude.gov.br/portal/saude/area.cfm?id_area=1460)

12. UNICEF. Declaração de Innocenti, sobre a Proteção, Promoção e Apoio ao Aleitamento Materno. Brasília (DF). [citado 01 mai 2012]. Disponível em: [http://www.unicef.org/brazil/pt/activities\\_10000.htm](http://www.unicef.org/brazil/pt/activities_10000.htm).

13. Ministério da Saúde (BR). Portaria MS/GM nº 1016, 26 de agosto de 1993. Normas básicas para alojamento conjunto. Brasília: Ministério da Saúde; 1993.

14. Ministério da Saúde (BR). Saúde da criança - materiais informativos. Brasília: Ministério da Saúde, 2010.

15. Ministério da Saúde (BR). Caderneta da Criança. Brasília: Ministério da Saúde; 2007.

16. Cabral IE, Tyrrel MAR. O estilo de cuidar da mãe e o trabalho da enfermagem. Rev enferm UERJ; Rio de Janeiro 1995; out; 3(2):189-95.

17. Leininger MM, Mcfarland RM. Transcultural nursing: concepts, theories, research & practice. 3.ed. 2002.

18. Santos IMM. A maternagem de mulheres com filho pré-termo hospitalizado: bases para

Silva LR, Cruz LA, Macedo EC *et al.*

*The influence of grandmothers...*

assistência neonatal [tese]. Rio de Janeiro (RJ):  
Universidade Federal do Rio de Janeiro; 2009.

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